

## Danville District No. 118

### Self-Administration of Asthma and/or Epinephrine Auto-Injector Medication Policy

This policy will allow students to self-administer prescribed asthma and/or epinephrine auto-injector medication. The asthma and/or epinephrine auto-injector medication must be prescribed by a licensed prescriber which includes a physician, physician assistant or advanced practice nurse.

#### Procedure for Self-Administration of Asthma and/or Epinephrine Auto Injector Medication

- A. A written order for the medication must be obtained from the licensed prescriber. The order must include:
  - a. Student's Name
  - b. Date of Birth
  - c. Licensed Prescriber's Signature and Date
  - d. Licensed Prescriber's Phone and Emergency Number
  - e. Name of Medication- Dosage, Route of Administration, Frequency and Time of Administration
  - f. Diagnosis Requiring Medication
  - g. Date of Request
  - h. Discontinuation Date
  - i. Possible Side Effects
  - j. Other Medications student is Receiving
  
- B. The inhaler and/or epinephrine auto injector must be brought to the school properly labeled by the pharmacist or licensed prescriber. The label will include:
  - a. Student's Name
  - b. Prescription Number
  - c. Medication Name and Dosage
  - d. Directions for Administration
  - e. Date and Refill
  - f. Licensed Prescriber's Name
  - g. Pharmacy Name, Address and Phone Number
  - h. Name or Initials of Pharmacist
  
- C. The parent or legal guardian will provide written authorization for the self-administration of medication. It is the parent/guardian's responsibility to assure that the completed medication form is on file with the school nurse.
  
- D. The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each school year.
  
- E. The parent or legal guardian of the student must sign a statement acknowledging that the school district or its employees is to incur no liability as a result of any injury or claim arising from the self-administration of asthma and/or epinephrine auto injector medication by the pupil.

**Danville School District No. 118**

**Request for Self-Administration of Asthma Medication**

**Request for Self-Administration of Allergy Medication (Epinephrine Auto-Injector)**

Part 1: To be completed by a Physician licensed to practice medicine in all branches, Physician Assistant or Advanced Practice Registered Nurse

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Route of Administration: \_\_\_\_\_

Frequency & Time of Administration: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Other medications student is receiving: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

I, \_\_\_\_\_, have inserviced the above named student regarding the prescribed inhaler or the epinephrine auto-injector and its proper use. I am requesting that he/she be allowed to carry the inhaler or the epinephrine auto-injector on his/her person and assume full responsibility for its use during school hours and extracurricular activities.

Licensed Prescriber (print) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

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Part 2: To be completed by the parent or legal guardian

I \_\_\_\_\_, request and give permission for my son/daughter to carry the prescribed inhaler or epinephrine auto-injector on his/her person. I accept full responsibility for my child's ability to properly use the inhaler or epinephrine auto-injector. I hereby release Danville District No. 118 and its employees from any responsibility to the use/misuse of the inhaler or epinephrine auto-injector by my son/daughter. I will obtain a new doctor's order if there is a change in the prescribed inhaler or epinephrine auto-injector.

Date: \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_